

BUILDING PERMIT APPLICATION  
Clarke County Building Department  
101 Chalmers Ct., B  
Berryville, VA 22611  
(540) 955-5112 Fax: (540) 955-5170

Check One: ☐ Residential ☐ Commercial ☐ Government

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_  
(For Office Use Only)

OWNER'S NAME: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*CONTRACTOR'S NAME: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Virginia State Contractor's License Number: \_\_\_\_\_  
License Expires: \_\_\_\_\_

\*\*Please attach a copy of your state contractor's license. Any job over \$25,000 will also require a Clarke County Business License unless you are building in the Town of Berryville or the Town of Boyce. You would then need that town's business license. All businesses in Clarke County are required to have a Clarke County Business License regardless of the job value.

MECHANICS LIEN AGENT: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

LOCATION OF PROPERTY:  
Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Tax Map ID #: \_\_\_\_\_  
Directions to the job site: \_\_\_\_\_

ZONING SETBACKS: ZONING DISTRICT: \_\_\_\_\_  
REQUIRED: FRONT \_\_\_\_\_ RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ REAR \_\_\_\_\_ WELL \_\_\_\_\_  
DRAINFIELD \_\_\_\_\_

PROVIDED: FRONT \_\_\_\_\_ RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ REAR \_\_\_\_\_ WELL \_\_\_\_\_  
DRAINFIELD \_\_\_\_\_

I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code and all other applicable state and local laws.

Signature of Applicant \_\_\_\_\_  
Printed Name of Applicant \_\_\_\_\_

☐ Contractor ☐ Owner ☐ Agent ☐ Engineer/Architect

\*Agents, please note that a signed authorization from the owner or contractor must be attached.

DESCRIPTION OF WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHARACTERISTICS FOR NEW WORK ONLY:

Master Plan Number or Name (if applicable): \_\_\_\_\_  
Building Size (Dimensions): \_\_\_\_\_  
Total Square Footage of Living Space: \_\_\_\_\_  
Finish Basement Square Footage: \_\_\_\_\_  
Unfinished Basement Square Footage: \_\_\_\_\_  
Crawl Space (Yes or No): \_\_\_\_\_  
Foundation Type: \_\_\_\_\_  
Number of Stories: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Baths: \_\_\_\_\_  
Total Number of Rooms (excluding Baths): \_\_\_\_\_  
Exterior Siding: \_\_\_\_\_  
Interior Wall Covering: \_\_\_\_\_  
Floor Covering: \_\_\_\_\_  
Number of Fireplaces or Chimneys (specify Gas or Masonry): \_\_\_\_\_  
Garage Size: \_\_\_\_\_  
Deck Size: \_\_\_\_\_  
Porch Size: \_\_\_\_\_  
Type of Heat: \_\_\_\_\_  
Type of Air Conditioning: \_\_\_\_\_

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FOR OFFICE USE ONLY:

TAX MAP #: \_\_\_\_\_  
MAGISTERIAL DISTRICT: \_\_\_\_\_  
ACREAGE: \_\_\_\_\_  
911 ADDRESS & DATE ASSIGNED (FOR NEW DWELLINGS & NEW  
COMMERCIAL BUILDINGS ONLY): \_\_\_\_\_  
USE GROUP: \_\_\_\_\_  
CONSTRUCTION TYPE: \_\_\_\_\_  
MAXIMUM LIVE LOAD: \_\_\_\_\_  
OCCUPANCY LOAD: \_\_\_\_\_  
FIRE RATING: \_\_\_\_\_  
BUILDING CODE EDITION: \_\_\_\_\_  
CENSUS TRACT #: \_\_\_\_\_  
SOILS REPORT:  
☐ SOILS REPORT (date: \_\_\_\_\_) ☐ OPTION #2 (date: \_\_\_\_\_)  
☐ WAIVER (date: \_\_\_\_\_) ☐ NOT REQ'D (date: \_\_\_\_\_)  
NOTICE OF ONSITE SEWAGE DISPOSAL LIMITATIONS:  
DEED BOOK # \_\_\_\_\_ PAGE # \_\_\_\_\_ DATE: \_\_\_\_\_  
NOTICE OF NO SEWER PERMIT AVAILABILITY:  
DEED BOOK # \_\_\_\_\_ PAGE # \_\_\_\_\_ DATE: \_\_\_\_\_  
ZONING APPROVAL BY & DATE: \_\_\_\_\_  
LAND DISTURBANCE PERMIT: ☐ YES ☐ NO  
HEALTH DEPT. APPROVAL BY & ID #: \_\_\_\_\_  
PERCED FOR (# OF BEDRMS & OCCUPANTS): \_\_\_\_\_